

Fiscal Year 2004
Child and Adult Care Food Program
Affidavit for Free and Reduced-Price Meals

To assist your center in receiving food reimbursement, please carefully complete, sign and return this form to the center.

PART 1	Complete this part for children attending this center who are NOT included in a Food Stamp, Cash Assistance or FDPIR case. Then complete Part 3 and Part 5.					
	Child's Name	Age	Birthdate			
	1. _____	_____	_____			
	2. _____	_____	_____			
	3. _____	_____	_____			
PART 2	Complete this part for children attending this center who are currently getting Food Stamp, Cash Assistance or FDPIR benefits. Then complete Part 5.					
	Child's Name	Food Stamps Case No.	Cash Assist. Case No.	FDPIR Case No.	Age	Birthdate
	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____
PART 3	If you listed any children in Part 1, you MUST complete this part AND Part 5. If you listed children only in Part 2, skip this part and go to Part 5.					
OTHER HOUSEHOLD MEMBERS: List the names of all adults and children living in your household, including yourself. DO NOT INCLUDE CHILDREN LISTED IN PART 1. MONTHLY INCOME: Write the amount of monthly gross income (before any deductions) of each person on the line corresponding with their name.						
	NAME (Last, First)	Monthly Earnings from Work (Wages: gross Self- employment: net)	Monthly Welfare Payments, Child Support, Cash Assist. & Alimony	Monthly Income from Pensions, Retirement and Social Security	All Other Monthly Income	
	1. _____	_____	_____	_____	_____	
	2. _____	_____	_____	_____	_____	
	3. _____	_____	_____	_____	_____	
	4. _____	_____	_____	_____	_____	
	5. _____	_____	_____	_____	_____	
PART 4	Foster Children: If you have <i>foster children</i> attending this center, write their names below and the income each child receives for personal use. Then complete Part 5.					
	Child's Name	Age	Birthdate	Income		
	1. _____	_____	_____	_____		
	2. _____	_____	_____	_____		
PART 5	Printed Name _____ Address _____ _____ Home Telephone Number _____ Work Telephone Number _____					
CONFIDENTIALITY: The information provided on this affidavit will be treated in a confidential manner and will be used only for the purposes of eligibility determination and verification of data for the Child and Adult Care Food Program.						
Notice: By signing this Affidavit, the signer hereby attests that the information provided is true and accurate. The signer understands; that this information is being given in connection with the receipt of Federal funds; that center officials may verify this information; and that deliberate misrepresentation may subject the signer to prosecution under applicable State and Federal criminal statutes.						
_____		_____		_____		
Signature of person completing form		Social Security Number (If none write word "NONE")		Date		

To be completed by Site Staff

Signature of Approval: _____	Total Household Size: _____	Eligibility category:
Date Approved: _____	Total Monthly Income: _____	() Free
		() Reduced
		() Paid

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Dear Parent:

The Child and Adult Care Food Program requires that the reimbursement this center receives for meals served to all children be based on income information submitted by each parent. This benefits you because it helps us to keep the charge for childcare at a lower rate. This information will be kept confidential. If your household has income less than or equal to the income levels below, the center receives more reimbursement for the meals served to your children.

**Income Criterion for Reduced-Price Meals
Effective from July 1, 2003 to June 30, 2004**

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
1	\$16,613	1,385	320
2	22,422	1,869	432
3	28,231	2,353	543
4	34,040	2,837	655
5	39,849	3,321	767
6	45,658	3,805	879
7	51,467	4,289	990
8	57,276	4,773	1,102
For Each Additional Family Member Add	+5,809	+485	+112

HOW TO APPLY:

If you currently receive Food Stamps, Cash Assistance or FDPIR, a "Free Meals" letter is sent to you that confirms your child's automatic eligibility for free meals. If you send this letter to the center, an affidavit is not necessary. If you do not receive a letter, fill in the affidavit with the child's name, Food Stamp, Cash Assistance or FDPIR case number and the signature of the adult household member who is filling out this affidavit.

If child is not a Food Stamp, Cash Assistance or FDPIR benefit recipient, fill in the affidavit with the names of everyone in the household, the monthly amount of income (gross for wages or net for self-employment) each household member receives, the signature and the social security number of the adult household member who is filling out this affidavit. Write "none" if the member has no social security number.

Households with incomes less than or equal to the income levels above are required to report an increase or decrease in household income of over \$50 per month or \$600 per year, loss of employment and changes in household size. Households that have listed a Food Stamp, Cash Assistance or FDPIR case number must report when these benefits are no longer being received.

CHILDREN WITH DISABILITIES: If a child has been determined by a doctor to be disabled and the disability would prevent the child from eating a regular meal, this center will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information.

In the operation of child feeding programs, no child will be discriminated against because of race, color, national origin, sex, age, or disability. If you believe that you have been discriminated against in any USDA-related activity, you should write immediately to the Secretary of Agriculture, Washington, DC 20250.

Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, Cash Assistance or FDPIR Case number is provided, you must include a social security number on the application. This must be the social security number of the adult household member signing the application, or an indication that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, Cash Assistance or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

RACE: Please circle the race or ethnic identity of your child. You are not required to answer this question; we need this information to be sure that everyone receives benefits on a fair basis.

**Black – not
of Hispanic Origin**

Hispanic

**Asian or
Pacific Islander**

**American Indian
or Alaskan Native**

**White –not of
Hispanic Origin**

PLEASE COMPLETE THE REVERSE SIDE